

**KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS**

**PO BOX 1360**

**FRANKFORT KY 40602**

**502.564.3296, EXT 226**

**finance.ky.gov/ourcabinet/caboff/OAS/op/**

**REINSTATEMENT APPLICATION**

**LICENSED PROFESSIONAL COUNSELOR ASSOCIATE**

In accordance with KRS 335.535 (4) After the sixty (60) day grace period, individuals with terminated credentials may reinstate their credential upon payment of the renewal fee and a reinstatement fee. To reinstate your license, please return this form completed, reinstatement fee (201 KAR 36:020-section 2 (3) (b)) of \$70.00 (check or money order made payable to the Kentucky State Treasurer), and documentation proving required hours of continuing education.

PLEASE COMPLETE ALL OF THE FOLLOWING:

Name

Present place of employment

Address

Address

Address

Address

City

State

Zip

City

State Zip

Home telephone number

Business telephone #

Home e-mail address

Business e-mail address

Social Security number

License number

1. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction.  
( ) No ( ) Yes If yes, list offense and provide details on a separate sheet of paper.
2. Have you been subject to disciplinary action by a mental health credentialing board?  
( ) No ( ) Yes If yes, give details on a separate sheet of paper.
3. List any state in which you have become licensed or certified since your last renewal of LPCA license, type of license or certification, and number of the certification or license:

**AFFIDAVIT**

I DO CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT, SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY LICENSE COULD BE SUBJECT TO DISCIPLINARY ACTION BY THE BOARD OF LICENSED PROFESSIONAL COUNSELORS.

I HAVE COMPLETED \_\_\_\_\_ HOURS OF CONTINUING EDUCATION IN THE PAST YEAR (attach documentation)

Sign your name – Do not print or type)